HIPAA Transaction Sets and Code Sets (HTSCS)

837 Professional Companion Guide Specifications

Version 4.7
June 23, 2008

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1. INTRODUCTION

Companion Guides are designed to be used in conjunction with the HIPAA-required *ANSI X12 Implementation Guide and Addenda.* The Companion Guide specifications define current functions and other information specific to South Carolina Medicaid Title XIX (SC Medicaid). The South Carolina Department of Health and Human Services (SCDHHS) solution for the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that providers utilize this companion guide for the indicated transactions.

This Companion Guide supports the requirements of the 4010A1 version of the *ANSI X12 Implementation Guide* and the changes indicated by any addenda for this transaction.

Copies of the *ANSI X12 Implementation Guide* can be obtained by downloading the files from the following Web site:

<u>http://www.wpc-edi.com/hipaa/HIPAA_40.asp</u>

2. SCOPE

The United States Congress included provisions to address the need for standards for electronic transactions and other administrative simplification issues in the HIPAA, Public Law 104-191, which was enacted on August 21, 1996. Through Subtitle F of Title II of that law, Congress added to Title XI of the Social Security Act a new Part C, entitled, "Administrative Simplification." On August 17, 2000, final regulations were published in the *Federal Register* for, "Standards for Electronic Transactions," which became effective on October 16, 2000. The final rule requires compliance be met within 2 years of the rule effective date, making compliance necessary by October 16, 2002, unless covered entities have filed for an extension to the deadline. In 2001, in the Administrative Simplification Compliance Act, Congress authorized a one-year extension to October 16, 2003, for those covered and required to comply in 2002. SCDHHS has filed such an extension.

Electronic submission of claims will follow these guidelines:

- Claims currently filed on CMS-1500 or equivalent current electronic format will be filed on the 837 Professional format.
- Claims currently filed on ADA or equivalent current electronic format will be filed on the 837 Dental format except for oral surgeons who will use the 837 Professional format.
- Claims currently filed on UB-04 or equivalent current electronic format will be filed on the 837 Institutional format.

This Companion Guide includes the scope and transaction maps for the ASC X12N 837 004010X098A1 Health Care Claim Professional transaction set.

The purpose of the guide is to provide support for the submission of the HIPAA-compliant 837 Professional claim and ensure proper processing of claims submitted to SC Medicaid. Fields from the current SC Medicaid Professional format have been cross-referenced to the applicable data element in the 837 Professional transaction. South Carolina Medicaid billing requirements also should be followed to ensure proper processing of claims. Specific SC Medicaid billing instructions can be found in provider manuals and monthly Medicaid bulletins.

3.   837 PROFESSIONAL HEALTH CARE CLAIM TRANSACTION MAP

*Unless otherwise noted, please follow the rules of the *ANSI X12 Implementation Guide* (including Addendum) for 004010X098A1.

**The "Loop" column consists of the loop number followed by a "/", whether required ("R") or situational ("S"), then a dash followed by the page number reference in the Implementation Guide

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	ISA/R-B.3	ISA01	R	Authorization Information Qualifier	Use Value '00' – No Authorization Information Present (No Meaningful Information in I02)
		ISA02	R	Authorization Information	Enter 10 Blanks
		ISA03	R	Security Information Qualifier	Use Value '00' – No Security Information Present (No Meaningful Information in I04)
		ISA04	R	Security Information	Enter 10 Blanks
		ISA05	R	Interchange ID Qualifier	Use Value 'ZZ' – Mutually Defined
		ISA06	R	Interchange Sender ID	Use the SC Medicaid Assigned Submitter Number – Left Justified - 15 Characters
		ISA07	R	Interchange ID Qualifier	Use Value 'ZZ' – Mutually Defined
		ISA08	R	Interchange Receiver ID	Use Value 'SCMEDICAID ' – Left Justified – 15 Characters
		ISA09	R	Interchange Date	Format is YYMMDD
		ISA10	R	Interchange Time	Format is HHMM
		ISA11	R	Interchange Control Standards Identifier	Use Value 'U' – U.S. Community EDI of ASC X12, TDCC, and UCS
		ISA12	R	Interchange Control Version Number	Use Value '00410'
		ISA13	R	Interchange Control Number	Assigned by Sender – Must be Identical to Interchange Trailer IEA02

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		ISA14	R	Acknowledgement Request	Value '0' – No Acknowledgement Requested
					Value '1' – Acknowledgement Requested
		ISA15	R	Usage Indicator	Value 'P' – Production Data
					Value 'T' – Test Data
		ISA16	R	Component Element Separator	Assigned by Submitter
	GS/R-B.8	GS01	R	Functional Identifier Code	Use Value 'HC' – Health Care Claim
		GS02	R	Application Senders Code	Use the SC Medicaid Assigned Submitter ID
		GS03	R	Application Receivers Code	Use Value 'SCMEDICAID'
		GS04	R	Creation Date	Format is CCYYMMDD
		GS05	R	Creation Time	Format is HHMM
		GS06	R	Group Control Number	Assigned by Sender – Must be Identical to Functional Trailer GS02
		GS07	R	Responsible Agency Code	Use Value 'X' – Accredited Standards Committee X12
		GS08	R	Version/Release/Industry Identifier Code	Use Value '004010098A1'
	ST/R-62	ST01	R	Transaction Set Identifier Code	Use Value '837'
		ST02	R	Transaction Set Control Number	Assigned by Submitter
					The value in ST02 must be identical to SE02.
	BHT/R-63	BHT01	R	Hierarchical Structure Code	Use Value '0019'
		BHT02	R	Transaction Set Purpose Code	Use Value '00' - Original
		BHT03	R	Originator Application Transaction Identifier	Use Value '837'
		BHT04	R	Transaction Set Creation Date	Format is CCYYMMDD
		BHT05	R	Transaction Set Creation Time	Format is HHMM

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		BHT06	R	Claim or Encounter Identifier	Value 'CH' – Chargeable Value 'RP' – Reporting (use this value for Encounters)
	REF/R-66	REF01	R	Reference Identification Qualifier	Use Value '87' – Functional Category
		REF02	R	Transaction Type Code	Use value "004010X098A1"
		REF03	N	Description	
		REF04	N	Reference Identifier	
1000A/R-67				**SUBMITTER NAME**	
	NM1/R-67	NM101	R	Entity Identifier Code	Use Value '41' – Submitter
		NM102	R	Entity Type Qualifier	Value '1' – Person Value '2' – Non-Person Entity
		NM103	R	Submitter Last or Organization Name	
		NM104	S	Submitter First Name	Required if NM102=1 (person).
		NM105	S	Submitter Middle Name	Required if NM102=1 and the middle name/initial of the person is known.
		NM106	N	Name Prefix	
		NM107	N	Name Suffix	
		NM108	R	Identification Code Qualifier	Use Value '46' – Electronic Transmitter Identification Number (ETIN)
		NM109	R	Submitter Identifier	Use your SC Medicaid Trading Partner ID. **FOR TRANSPORTATION BROKERS ONLY:** Use Value 'TT'
		NM110	N	Entity Relationship Code	

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		NM111	N	Entity Identifier Code	
	PER/R-70	PER01	R	Contact Function Code	
		PER02	R	Submitter Contact Name	
		PER03	R	Communication Number Qualifier	
		PER04	R	Communication Number	
		PER05	S	Communication Number Qualifier	
		PER06	S	Communication Number	
		PER07	S	Communication Number Qualifier	
		PER08	S	Communication Number	
		PER09	N	Contact Inquiry Reference	
1000B/R-74				**RECEIVER NAME**	
	NM1/R-74	NM101	R	Entity Identifier Code	Use Value '40' - Receiver
		NM102	R	Entity Type Qualifier	Use Value '2' – Non-Person Entity
		NM103	R	Receiver Name	Use value 'SC Medicaid'.
		NM104	N	First Name	
		NM105	N	Middle Name	
		NM106	N	Name Prefix	
		NM107	N	Name Suffix	
		NM108	R	Identification Code Qualifier	Use Value '46' – Electronic Transmitter Identification Number
		NM109	R	Receiver Primary Identifier	Use value 'SC Medicaid'.
		NM110	N	Entity Relationship Code	

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		NM111	N	Entity Identifier Code	
2000A/R-77				**BILLING/PAY-TO PROVIDER**	
	HL/R-78	HL01	R	Hierarchical ID Number	HL01 must begin with "1" and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed inHL01.
		HL02	N	Hierarchical Parent ID Number	
		HL03	R	Hierarchical Level Code	Use value '20'.
		HL04	R	Hierarchical Child Code	Use Value '1' - Additional Subordinate HL Data Segment in This Hierarchical Structure.
	PRV/S-79	PRV01	R	Provider Code	Use value 'BI'.
		PRV02	R	Reference Identification Qualifier	Use Value 'ZZ'
		PRV03	S	Provider Taxonomy Code	These codes, as maintained by the National Uniform Claim Committee, can be obtained from www.wpc-edi.com/hipaa. Submit the Provider Taxonomy that was used for the SC Medicaid Provider Enrollment. Use taxonomy in this loop when provider is non-group, such as Rural Health Clinic, Home Health, FQHC, Lab, Mental Health Clinic or DME provider. In these cases, the 2310B loop will not be used.
		PRV04	N	State or Province Code	
		PRV05	N	Provider Specialty Information	

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		PRV06	N	Provider Organization Code	
	CUR/S-81			Foreign Currency Information	SC Medicaid will not use this segment.
2010AA/R-84				**BILLING PROVIDER NAME**	
	NM1/R-84	NM101	R	Entity Identifier Code	Use value '85' for Billing Provider. Use this code to indicate billing provider, billing submitter, and encounter reporting entity.
		NM102	R	Entity Type Qualifier	Value '1' – Person Value '2' Non-Person Entity
		NM103	R	Billing Provider Last or Organization Name	This element is the equivalent of: CMS-1500 Field Number (F#) 33
		NM104	S	Billing Provider First Name	Required if NM102=1 (person).
		NM105	S	Billing Provider Middle Name	Required if NM102=1 and the middle name/initial of the person is known.
		NM106	N	Name Prefix	
		NM107	S	Billing Provider Name Suffix	Required if known.
		NM108	R	Identification Code Qualifier	Use value 'XX' for NPI if typical provider. Else use value '24' for the Employer's ID Number or '34' for the Social Security Number
		NM109	R	Billing Provider Identifier	NPI for Billing Provider if typical provider. Else submit your Employer's ID Number or Social Security Number
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	N3/R-88	N301	R	Billing Provider Address Line	

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		N302	S	Billing Provider Address Line	
	N4/R-89	N401	R	Billing Provider City Name	
		N402	R	Billing Provider State or Province Code	
		N403	R	Billing Provider Postal Zone or ZIP Code	Submit Full 9 Digit Zip Code
		N404	S	Billing Provider Country Code	
		N405	N	Location Qualifier	
		N406	N	Location Identifier	
	REF/S-91	REF01	R	Reference Identification Qualifier	If 'XX' – National Provider Identifier (NPI) was submitted in NM108, enter 'SY' for Social Security Number or 'EI' for Employer's ID Number in the first iteration of this segment. Use value '1D' – SC Medicaid provider number for atypical providers ONLY.
		REF02	R	Billing Provider Additional Identifier	If the NPI was submitted in NM109, then either the Social Security Number or Employer's ID. Use value '1D' – SC Medicaid provider number for atypical providers ONLY. .
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S-94			Credit/Debit Card Billing Information	SC Medicaid will not use this segment.
	PER/S-96			Billing Provider Contact Information	SC Medicaid will not use this segment.
2010AB/S-99				**PAY-TO PROVIDER NAME**	SC Medicaid will not use this loop.

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
2000B/R-108				**SUBSCRIBER HIERARCHICAL LEVEL**	
	HL/R-109	HL01	R	Hierarchical ID Number	Assigned by Submitter
		HL02	R	Hierarchical Parent ID Number	Assigned by Submitter
		HL03	R	Hierarchical Level Code	Use Value '22' - Subscriber
		HL04	R	Hierarchical Child Code	Assigned by Submitter Value '0' - No Subordinate HL Segment in This Hierarchical Structure. Value '1' - Additional Subordinate HL Data Segment in This Hierarchical Structure.
	SBR/R-110	SBR01	R	Payer Responsibility Sequence Number Code	Value 'P' – Primary Value 'S' – Secondary Value 'T' – Tertiary (payer of last resort)
		SBR02	S	Individual Relationship Code	Use Value '18' - Self
		SBR03	S	Insured Group or Policy Number	
		SBR04	S	Insured Group Name	
		SBR05	S	Insurance Type Code	
		SBR06	N	Coordination of Benefits Code	
		SBR07	N	Yes/No Condition or Response Code	
		SBR08	N	Employment Status Code	
		SBR09	S	Claim Filing Indicator Code	Use Value 'MC' - Medicaid
	PAT/S-114	PAT01	N	Individual Relationship Code	SC Medicaid will not user this Segment
2010BA/R-117				**SUBSCRIBER NAME**	

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	NM1/R-118	NM101	R	Entity Identifier Code	Use Value 'IL' – Insured/Subscriber
		NM102	R	Entity Type Qualifier	Use Value '1' - Person
		NM103	R	Subscriber Last Name	This element is the equivalent of: CMS-1500 F# 2
		NM104	S	Subscriber First Name	This element is the equivalent of: CMS-1500 F# 2 This data element is required when NM102 equals one (1).
		NM105	S	Subscriber Middle Name	This data element is required when NM102 = 1 and the Middle Name or Initial of the person is known.
		NM106	N	Name Prefix	
		NM107	S	Subscriber Name Suffix	This data element is required when the NM102 equals one (1) and the name suffix is known. Examples: I, II, III, IV, Jr, Sr.
		NM108	S	Identification Code Qualifier	Use value 'MI' – Member Identification Number.
		NM109	S	Subscriber Primary Identifier	Use the recipient's 10 Digit SC Medicaid Identification Number. This data element is required when NM102 equals one (1). This element is the equivalent of: CMS-1500 F# 1A
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	N3/S-121	N301	R	Subscriber Address Line	This segment is required when the Patient is the same person as the Subscriber. (Required when Loop ID 2000B, SBR02- 18 (self)).
		N302	S	Subscriber Address Line	
	N4/S-122	N401	R	Subscriber City Name	This segment is required when the Patient is the same person as the Subscriber. (Required when Loop ID 2000B, SBR02- 18 (self)).
		N402	R	Subscriber State Code	
		N403	R	Subscriber Postal Zone or ZIP Code	
		N404	S	Subscriber Country Code	
		N405	N	Location Qualifier	
		N406	N	Location Identifier	
	DMG/S-124	DMG01	R	Date Time Period Format Qualifier	This segment is required when the Patient is the same person as theSubscriber. (Required when Loop ID 2000B, SBR02- 18 (self)). Use Value 'D8'
		DMG02	R	Subscriber Birth Date	Format is CCYYMMDD
		DMG03	R	Subscriber Gender Code	
		DMG04	N	Marital Status Code	
		DMG05	N	Race or Ethnicity Code	
		DMG06	N	Citizenship Status Code	
		DMG07	N	Country Code	
		DMG08	N	Basis of Verification Code	
		DMG09	N	Quantity	
	REF/S-126	REF01	R	Reference Identification Qualifier	SC Medicaid will not Use this Segment

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	REF/S-128	REF01	R	Property and Casualty Claim Number	SC Medicaid will not use this segment.
2010BB/R-130				**PAYER NAME**	
	NM1/R-130	NM101	R	Entity Identifier Code	Use Value 'PR' – Payer
		NM102	R	Entity Type Qualifier	Use Value '2' – Non-Person Entity
		NM103	R	Payer Name	Use value 'SC Medicaid'.
		NM104	N	First Name	
		NM105	N	Middle Name	
		NM106	N	Name Prefix	
		NM107	N	Name Suffix	
		NM108	R	Identification Code Qualifier	Use value 'PI' – Payer Identification.
		NM109	R	Payer Identifier	Use value 'SCXIX'.
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	N3/S-134	N301	R	Payer Address Line	Use value '1801 Main St'.
		N302	S	Payer Address Line	
	N4/S-135	N401	R	Payer City Name	Use value 'Columbia'.
		N402	R	Payer State Code	Use value 'SC'.
		N403	R	Payer Postal Zone or ZIP Code	Use value '29201'.
		N404	S	Payer Country Code	
		N405	N	Location Qualifier	
		N406	N	Location Identifier	
	REF/S-137			Payer Additional Identifier	SC Medicaid will not use this segment.

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
2010BC/S-139				**RESPONSIBLE PARTY NAME**	SC Medicaid will not use this loop.
2010BD/S-146				**CREDIT/DEBIT CARD HOLDER NAME**	SC Medicaid will not use this loop.
2000C/S-152				**PATIENT HIERARCHICAL LEVEL**	SC Medicaid will not use this loop.
2010CA/R-157				**PATIENT NAME**	SC Medicaid will not use this loop.
2300/R-170				**CLAIM INFORMATION**	
	CLM/R-171	CLM01	R	Patient Account Number	The number that the submitter transmits in this position is echoed back to the submitter in the 835 and other transactions. This permits the submitter to use the value in this field as a key in the submitter's system to match the claim to the payment information returned in the 835 transaction. The two recommended identifiers are either the patient account number or the claim number in the billing provider's system. The MAXIMUM NUMBER OF CHARACTERS to be supported for this field is '20'. A Provider may submit fewer characters depending upon their needs. However, the HIPAA maximum requirement to be supported by any responding system is '20'. Characters beyond 20 are not required to be stored nor returned by any receiving system.

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		CLM02	R	Total Claim Charge Amount	This element is the equivalent of: CMS-1500 F# 28. Due to limitations in the SCMMIS, this entry should have no more than 5 positions to the left of the decimal and two positions to the right – 9(5)V99.
		CLM03	N	Claim Filling Indicator Code	
		CLM04	N	Non-Institutional Claim Type Code	
		CLM05-1	R	Facility Type Code	This element is the equivalent of: CMS-1500 F# 24B
		CLM05-2	N	Facility Code Qualifier	
		CLM05-3	R	Claim Frequency Code	NOTE: for codes 7 and 8, the Claim Control Number (CCN) of the original claim must be provided in a REF segment in this loop in the Claim Original Reference Number element.
		CLM06	R	Provider or Supplier Signature on File	
		CLM07	S	Provider Accept Assignment Code	
		CLM08	R	Benefits Assignment Certification Indicator	
		CLM09	R	Release Of Information Code	
		CLM10	S	Patient Signature Source Code	
		CLM11-1	R	Related Causes Code	This element is the equivalent of: CMS-1500 F# 10
		CLM11-2	S	Related Causes Code	SC Medicaid will not use this element.
		CLM11-3	S	Related Causes Code	SC Medicaid will not use this element.
		CLM11-4	S	Auto Accident State or Province Code	
		CLM11-5	S	Country Code	

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		CLM12	S	Special Program Indicator	Required if the services were rendered under one of the following circumstances, programs or projects. 01 – Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) or Child Health Assessment Program (CHAP) 02 – Physically Handicapped Children's Program 03 – Special Federal Funding 05 – Disability 07 – Induced Abortion - Danger to Life 08 - Induced Abortion - Rape or Incest 09 - Second Opinion or Surgery
		CLM13	N	Yes/No Condition or Response Code	
		CLM14	N	Level of Service Code	
		CLM15	N	Yes/No Condition or Response Code	
		CLM16	S	Participation Agreement	
		CLM17	N	Claim Status Code	
		CLM18	N	Yes/No Condition or Response Code	
		CLM19	N	Claim Submission Reason Code	
		CLM20	S	Delay Reason Code	Required when claim is submitted late (past contracted date of filing limitations).
	DTP/S-182	DTP01	R	Initial Treatment Date	SC Medicaid will not use this Date
	DTP/S-186	DTP01	R	Date Last Seen	SC Medicaid will not use this Date
	DTP/S-188	DTP01	R	Date of Onset of Current Illness	SC Medicaid will not use this Date
	DTP/S-190	DTP01	R	Acute Manifestation Date	SC Medicaid will not use this Date

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	DTP/S-192	DTP01	R	Similar Illness or Symptom Date	SC Medicaid will not use this Date
	DTP/S-194	DTP01	R	Date Time Qualifier	Required if CLM11-1, CLM11-2, or CLM11-3 = AA, AB, AP or OA. Use Value '439' - Accident
		DTP02	R	Date Time Period Format Qualifier	Value 'D8' – Date Or Value 'DT' – Date/Time
		DTP03	R	Accident Date	Format is CCYYMMDD Or Format is CCYYMMDDHHMM
	DTP/S-196	DTP01	R	Last Menstrual Period Date	SC Medicaid will not use this Date
	DTP/S-197	DTP01	R	Last X-ray Date	SC Medicaid will not use this Date
	DTP/S-200	DTP01	R	Hearing/Vision Prescription Date	SC Medicaid will not use this Date
	DTP/S-201	DTP01	R	Disability From Date	SC Medicaid will not use this Date
	DTP/S-203	DTP01	R	Disability End Date	SC Medicaid will not use this Date
	DTP/S-205	DTP01	R	Last Worked Date	SC Medicaid will not use this Date
	DTP/S-206	DTP01	R	Date Authorized to Return to Work	SC Medicaid will not use this Date
	DTP/S-208	DTP01	R	Date Time Qualifier	Required on all ambulance claims/encounters when the patient was known to be admitted to the hospital. Also required on inpatient medical visits claims/encounters. Use Value '436' - Admission
		DTP02	R	Date Time Period Format Qualifier	Use Value 'D8' – Date
		DTP03	R	Related Hospitalization Admission Date	Format is CCYYMMDD

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	DTP/S-210	DTP01	R	Date Time Qualifier	Required for inpatient claims when the patient was discharged from the facility and the discharge date is known. Use Value '096' – Discharge Date
		DTP02	R	Date Time Period Format Qualifier	Use Value 'D8' – Date
		DTP03	R	Related Hospitalization Discharge Date	Format is CCYYMMDD
	DTP/S-212	DTP01	R	Assumed or Relinquished Care Date	SC Medicaid will not use this Date
	PWK/S-214	PWK01	R	Attachment Report Type Code	SC Medicaid will not use this Segment
	CN1/S-217	CN101	R	Contract Type Code	Required if the provider is contractually obligated to provide contract information on this claim.
		CN102	S	Contract Amount	
		CN103	S	Contract Percentage	
		CN104	S	Contract Code	
		CN105	S	Terms Discount Percent	
		CN106	S	Contract Version Identifier	
	AMT/S-219			Credit Card Maximum Amount	SC Medicaid will not use this segment.
	AMT/S-220	AMT01	R	Amount Qualifier Code	
		AMT02	R	Patient Amount Paid	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S-221	AMT01	R	Total Purchased Service Amount	SC Medicaid will not use this Segment
	REF/S-222	REF01	R	Service Authorization Exception Code	SC Medicaid will not use this Segment
	REF/S-224	REF01	R	Medicare Section 4081 Indicator	
	REF/S-226	REF01	R	Mammography Certification Number	

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	REF/S-227	REF01	R	Reference Identification Qualifier	SCMMIS will read an authorization number at this loop only and will ignore one at the service line level. Enter the number whether it pertains to the claim or the service line. G1 – Prior authorization number 9F – will be used for referral number. PCCM RSP will use this qualifier. This qualifier will replace number formerly put in 2310A REF segment
		REF02	R	Prior Authorization or Referral Number	This element is the equivalent of: CMS-1500 F# 23
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S-229	REF01	R	Reference Identification Qualifier	Use 'F8' – Original Reference Number when CLM05-3 equals 6, 7, or 8.
		REF02	R	Claim Original Reference Number	Use the CCN of the original claim.
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S-231	REF01	R	Reference Identification Qualifier	Required on Medicare and Medicaid claims for any laboratory performing tests covered by the CLIA Act. Use Value 'X4' - Clinical Laboratory Improvement Amendment Number
		REF02	R	Clinical Laboratory Improvement Amendment Number	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S-233	REF01	R	Repriced Claim Reference Number	SC Medicaid will not use this Segment

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	REF/S-235	REF01	R	Adjusted Repriced Claim Reference Number	
	REF/S-236	REF01	R	Investigational Device Exemption Identifier	
	REF/S-238	REF01	R	Reference Identification Qualifier	Although this REF is supplied for transmission intermediaries to attach their own unique claim number to a claim/encounter, 837-recipients are not required under HIPAA to return this number in any HIPAA transaction. Trading partners may voluntarily agree to this interaction if they wish. Use Value 'D9' - Claim Number
		REF02	R	Clearinghouse Trace Number	
		REF03	N	Description	
		REF04	N	Reference Identifier	SC Medicaid will not use this Segment
	REF/S-240	REF01	R	Ambulatory Patient Group Number	
	REF/S-241	REF01	R	Reference Identification Qualifier	Used at discretion of submitter. Use Value 'EA' – Medical Record Number
		REF02	R	Medical Record Number	This element is the equivalent of: CMS-1500 F# 26
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S-242	REF01	R	Demonstration Project Identifier	SC Medicaid will not use this Segment
	K3/S-244	K301	R	Fixed Format Information	SC Medicaid will not use this Segment
	NTE/S-246	NTE01	R	Note Reference Code	**FOR TRANSPORTATION BROKERS ONLY:** Use Value 'ADD' – Additional Information

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		NTE02	R	Description	**FOR TRANSPORTATION BROKERS ONLY:** Positions 1 – 2: Rendering Provider County Positions 3 – 4: Number of Persons Sharing Ride Position 5: Origin Code – See Section 4 for Values Position 6: Destination Code – See Section 4 for Values Positions 7 – 8: Region Code
	CR1/S-248	CR101	S	Unit or Basis of Measurement Code	Required on all claims involving ambulance services.
		CR102	S	Patient Weight	
		CR103	R	Ambulance Transport Code	
		CR104	R	Ambulance Transport Reason Code	
		CR105	R	Unit or Basis of Measurement Code	
		CR106	R	Transport Distance	
		CR107	N	Address Information	
		CR108	N	Address Information	
		CR109	S	Round Trip Purpose Description	
		CR110	S	Stretcher Purpose Description	
	CR2/S-251	CR201	R	Treatment Series Number	Required on all claims involving spinal manipulation. Such claims could originate with chiropractors, physical therapists, DOs, and many other types of health care providers.
		CR202	R	Treatment Count	

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		CR203	S	Subluxation Level Code	
		CR204	S	Subluxation Level Code	
		CR205	R	Unit or Basis of Measurement Code	
		CR206	R	Treatment Period Count	
		CR207	R	Monthly Treatment Count	
		CR208	R	Patient Condition Code	
		CR209	R	Complication Indicator	
		CR210	S	Patient Condition Description	
		CR211	S	Patient Condition Description	
		CR212	R	X-ray Availability Indicator	
	CRC/S-257	CRC01	R	Code Category	Required on ambulance claims/encounters, i.e. when CR1 segment is used.
		CRC02	R	Certification Condition Indicator	
		CRC03	R	Condition Code	
		CRC04	S	Condition Code	
		CRC05	S	Condition Code	
		CRC06	S	Condition Code	
		CRC07	S	Condition Code	
	CRC/S-260	CRC01	R	Code Category	Required on vision claims/encounters involving replacement lenses or frames.
		CRC02	R	Certification Condition Indicator	
		CRC03	R	Condition Code	
		CRC04	S	Condition Code	

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		CRC05	S	Condition Code	
		CRC06	S	Condition Code	
		CRC07	S	Condition Code	
	CRC/S-263	CRC01	R	Homebound Indicator	SC Medicaid will not use this Segment
	CRC/S-Addenda Page 37	CRC01	R	Code Category	Required on Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) claims/encounters. Use Value 'ZZ' – Mutually Defined EPSDT Screening referral information.
		CRC02	R	Certification Condition Indicator	
		CRC03	R	EPSDT Referral	
		CRC04	N	Condition Indicator	
		CRC05	N	Condition Indicator	
		CRC06	N	Condition Indicator	
		CRC07	N	Condition Indicator	
	HI/S-265	HI01-1	R	Diagnosis Type Code	Use Value'BK' – Principal Diagnosis
		HI01-2	R	Diagnosis Code	This element is the equivalent of: CMS-1500 F# 21
		HI01-3	N	Date Time Period Format Qualifier	
		HI01-4	N	Date Time Period	
		HI01-5	N	Monetary Amount	
		HI01-6	N	Quantity	
		HI01-7	N	Version Identifier	

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		HI02-1	R	Diagnosis Type Code	Use Value 'BF' – Diagnosis Code ICD-9 Codes
		HI02-2	R	Diagnosis Code	This element is the equivalent of: CMS-1500 F# 21
		HI02-3	N	Date Time Period Format Qualifier	
		HI02-4	N	Date Time Period	
		HI02-5	N	Monetary Amount	
		HI02-6	N	Quantity	
		HI02-7	N	Version Identifier	
		HI03-1	R	Diagnosis Type Code	
		HI03-2	R	Diagnosis Code	
		HI03-3	N	Date Time Period Format Qualifier	
		HI03-4	N	Date Time Period	
		HI03-5	N	Monetary Amount	
		HI03-6	N	Quantity	
		HI03-7	N	Version Identifier	
		HI04-1	R	Diagnosis Type Code	
		HI04-2	R	Diagnosis Code	
		HI04-3	N	Date Time Period Format Qualifier	
		HI04-4	N	Date Time Period	
		HI04-5	N	Monetary Amount	
		HI04-6	N	Quantity	
		HI04-7	N	Version Identifier	

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		HI05-1	R	Diagnosis Type Code	
		HI05-2	R	Diagnosis Code	
		HI05-3	N	Date Time Period Format Qualifier	
		HI05-4	N	Date Time Period	
		HI05-5	N	Monetary Amount	
		HI05-6	N	Quantity	
		HI05-7	N	Version Identifier	
		HI06-1	R	Diagnosis Type Code	
		HI06-2	R	Diagnosis Code	
		HI06-3	N	Date Time Period Format Qualifier	
		HI06-4	N	Date Time Period	
		HI06-5	N	Monetary Amount	
		HI06-6	N	Quantity	
		HI06-7	N	Version Identifier	
		HI07-1	R	Diagnosis Type Code	
		HI07-2	R	Diagnosis Code	
		HI07-3	N	Date Time Period Format Qualifier	
		HI07-4	N	Date Time Period	
		HI07-5	N	Monetary Amount	
		HI07-6	N	Quantity	
		HI07-7	N	Version Identifier	
		HI08-1	R	Diagnosis Type Code	
		HI08-2	R	Diagnosis Code	

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		HI08-3	N	Date Time Period Format Qualifier	
		HI08-4	N	Date Time Period	
		HI08-5	N	Monetary Amount	
		HI08-6	N	Quantity	
		HI08-7	N	Version Identifier	
		HI09	N	Heath Care Code Information	
		HI10	N	Heath Care Code Information	
		HI11	N	Heath Care Code Information	
		HI12	N	Heath Care Code Information	
	HCP/S-271	HCP	R	Claim Pricing/Repricing Information	SC Medicaid will not use this segment.
2305/S-276				**HOME HEALTH CARE PLAN**	Required on home health claims/encounters that involve billing/reporting home health visits.
	CR7/S-276	CR701	R	Discipline Type Code	
		CR702	R	Total Visits Rendered Count	
		CR703	R	Certification Period Projected Visit Count	
	HSD/S-278	HSD01	S	Quantity Qualifier	Use Value 'VS' - Visits
		HSD02	S	Number of Visits	
		HSD03	S	Frequency Period	
		HSD04	S	Frequency Count	
		HSD05	S	Duration of Visits Units	
		HSD06	S	Duration of Visits, Number of Units	
		HSD07	S	Ship/Delivery or Calendar Pattern Date	

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		HSD08	S	Delivery Pattern Time Code	
2310A/S-282				**REFERRING PROVIDER NAME**	SC Medicaid will not use this loop.
	NM1/S-283	NM101	R	Entity Identifier Code	
		NM102	R	Entity Type Qualifier	
		NM103	R	Referring Provider Last Name	
		NM104	S	Referring Provider First Name	
		NM105	S	Referring Provider Middle Name	
		NM106	N	Name Prefix	
		NM107	S	Referring Provider Name Suffix	
		NM108	S	Identification Code Qualifier	
		NM109	S	Referring Provider Identifier	
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	PRV/S-285	PRV01	R	Provider Code	
		PRV02	R	Reference Identification Qualifier	
		PRV03	R	Provider Code	
		PRV04	N	State or Province Code	
		PRV05	N	Provider Specialty Information	
		PRV06	N	Provider Organization Code	
	REF/S-287	REF01	R	Reference Identification Qualifier	
		REF02	R	Referring Provider Secondary Identifier	Referral or authorization numbers previously sent in this field will now use loop 2300 REF02 with REF01 value 9F

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		REF03	N	Description	
		REF04	N	Reference Identifier	
2310B/S-290				**RENDERING PROVIDER NAME**	Required when the Rendering Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider NM1 in the 2010AA loop. Do not use this loop when provider is non-group, such as Rural Health Clinic, Home Health, FQHC, Lab, Mental Health Clinic or DME provider. In these cases, the 2310B loop will not be used.
	NM1/S-291	NM101	R	Entity Identifier Code	Use value '82'.
		NM102	R	Entity Type Qualifier	Value '1' – Person Value '2' Non-Person Entity
		NM103	R	Rendering Provider Last or Organization Name	
		NM104	S	Rendering Provider First Name	Required if NM102=1 (person).
		NM105	S	Rendering Provider Middle Name	Required if NM102=1 and the middle name/initial of the person is known
		NM106	N	Name Prefix	
		NM107	S	Rendering Provider Name Suffix	Required if known
		NM108	R	Identification Code Qualifier	Use value 'XX' for NPI if provider is typical. Else use value '24' for the Employer's ID Number or '34' for the Social Security Number

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		NM109	R	Rendering Provider Identifier	Use NPI for Rendering Provider if typical. Else submit your Employer's ID Number or Social Security Number
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	PRV/S-293	PRV01	R	Provider Code	Use value 'PE' - Performing
		PRV02	R	Reference Identification Qualifier	Use value 'ZZ'.
		PRV03	R	Provider Taxonomy Code	These codes, as maintained by the National Uniform Claim Committee, can be obtained from www.wpc-edi.com/hipaa. Submit the Provider Taxonomy that was used for the SC Medicaid Provider Enrollment. Do not use this loop when provider is non-group, such as Rural Health Clinic, Home Health, FQHC, Lab, Mental Health Clinic or DME provider. In these cases, the 2310B loop will not be used. The the taxonomy will be in 2000A.
		PRV04	N	State or Province Code	
		PRV05	N	Provider Specialty Information	
		PRV06	N	Provider Organization Code	
	REF/S-296	REF01	R	Reference Identification Qualifier	Use value '1D' for atypical providers ONLY.
		REF02	R	Rendering Provider Secondary Identifier	Use the rendering provider's SC Medicaid provider number for atypical providers ONLY.
		REF03	N	Description	
		REF04	N	Reference Identifier	
2310C/S-298				**PURCHASED SERVICE PROVIDER NAME**	SC Medicaid will not use this loop.

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
2310D/S-303				**SERVICE FACILITY LOCATION**	This loop is required when the location of health care service is different than that carried in the 2010AA (Billing Provider) loop
	NM1/S-304	NM101	R	Entity Identifier Code	Value '77' Service Location

Use when other codes in this element do not apply.

Value 'FA' – Facility

Value 'LI' - Independent Lab

Value 'TL' - Testing Laboratory |
		NM102	R	Entity Type Qualifier	Use Value '2' – Non-Person Entity
		NM103	R	Service Facility Provider Last or Organization Name	Required except when service was rendered in the patient's home.
		NM104	N	Service Facility Provider First Name	
		NM105	N	Service Facility Provider Middle Name	
		NM106	N	Name Prefix	
		NM107	N	Service Facility Provider Name Suffix	
		NM108	R	Identification Code Qualifier	Use value 'XX' for NPI if typical. Else use value '24' for the Employer's ID Number or '34' for the Social Security Number
		NM109	R	Service Facility Provider Identifier	Use NPI for Service Facility Provider is typical. Else submit you Employer's ID Number or Social Security Number
		NM110	N	Entity Relationship Code	

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		NM111	N	Entity Identifier Code	
	N3/R-307	N301	R	Address Information Line 1	
		N302	S	Address Information Line 2	
	N4/R-308	N401	R	City Name	
		N402	R	State or Province Code	
		N403	R	Postal Code	Submit 9 Digit Zip Code
		N404	S	Country Code	
		N405	N	Location Qualifier	
		N406	N	Location Qualifier	
	REF/S-310	REF01	R	Reference Identification Qualifier	Use value '1D' for atypical providers ONLY.
		REF02	R	Service Facility Provider Secondary Identifier	Use the Service Facility provider's SC Medicaid provider number for atypical providers ONLY.
		REF03	N	Description	
		REF04	N	Reference Identifier	
2310E/S-312				**SUPERVISING PROVIDER NAME**	SC Medicaid will not use this loop.

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
2320/S-318				**OTHER SUBSCRIBER INFORMATION**	Required if other payers are known to potentially be involved in paying on this claim. Include Medicare payments.
	SBR/S-319	SBR01	R	Payer Responsibility Sequence Number Code	
		SBR02	R	Individual Relationship Code	
		SBR03	R	Insured Group or Policy Number	This will be ignored if in the 2330A loop NM101 = 'IL' and NM108 = 'MI' and NM109 is not blank
		SBR04	S	Other Insured Group Name	
		SBR05	R	Insurance Type Code	
		SBR06	N	Coordination of Benefits Code	
		SBR07	N	Yes/No Condition or Response Code	
		SBR08	N	Employment Status Code	
		SBR09	S	Claim Filing Indicator Code	
	CAS/S-326	CAS01	R	Claim Adjustment Group Code	
		CAS02	R	Adjustment Reason Code	
		CAS03	R	Adjustment Amount	
		CAS04	S	Adjustment Quantity	
		CAS05	S	Adjustment Reason Code	
		CAS06	S	Adjustment Amount	
		CAS07	S	Adjustment Quantity	
		CAS08	S	Adjustment Reason Code	
		CAS09	S	Adjustment Amount	

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		CAS10	S	Adjustment Quantity	
		CAS11	S	Adjustment Reason Code	
		CAS12	S	Adjustment Amount	
		CAS13	S	Adjustment Quantity	
		CAS14	S	Adjustment Reason Code	
		CAS15	S	Adjustment Amount	
		CAS16	S	Adjustment Quantity	
		CAS17	S	Adjustment Reason Code	
		CAS18	S	Adjustment Amount	
		CAS19	S	Adjustment Quantity	
	AMT/S-332	AMT01	R	Amount Qualifier Code	
		AMT02	R	Payer Paid Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S-333	AMT01	R	Amount Qualifier Code	
		AMT02	R	Approved Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S-334	AMT01	R	Amount Qualifier Code	
		AMT02	R	Allowed Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S-335	AMT01	R	Amount Qualifier Code	
		AMT02	R	Other Payer Patient Responsibility Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S-336	AMT01	R	Amount Qualifier Code	

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		AMT02	R	Other Payer Covered Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S-337	AMT01	R	Amount Qualifier Code	
		AMT02	R	Other Payer Discount Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S-338	AMT01	R	Amount Qualifier Code	
		AMT02	R	Other Payer Per Day Limit Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S-339	AMT01	R	Amount Qualifier Code	
		AMT02	R	Other Payer Patient Paid Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S-340	AMT01	R	Amount Qualifier Code	
		AMT02	R	Other Payer Tax Amount	
		AMT03	N	Credit/Debit Flag Code	
	AMT/S-341	AMT01	R	Amount Qualifier Code	
		AMT02	R	Other Payer Pre-Tax Claim Total Amount	
		AMT03	N	Credit/Debit Flag Code	
	DMG/S-342	DMG01	R	Date Time Period Format Qualifier	
		DMG02	R	Other Insured Birth Date	
		DMG03	R	Other Insured Gender Code	
		DMG04	N	Marital Status Code	
		DMG05	N	Race or Ethnicity Code	
		DMG06	N	Citizenship Status Code	

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		DMG07	N	Country Code	
		DMG08	N	Basis of Verification Code	
		DMG09	N	Quantity	
	OI/R-344	OI01	N	Claim Filing Indicator Code	
		OI02	N	Claim Submission Reason Code	
		OI03	R	Benefits Assignment Certification Indicator	
		OI04	S	Patient Signature Source Code	
		OI05	N	Provider Agreement Code	
		OI06	R	Release of Information Code	
	MOA/S-347	MOA01	S	Reimbursement Rate	
		MOA02	S	HCPCS Payable Amount	
		MOA03	S	Remark Code	
		MOA04	S	Remark Code	
		MOA05	S	Remark Code	
		MOA06	S	Remark Code	
		MOA07	S	Remark Code	
		MOA08	S	End Stage Renal Disease Payment Amount	
		MOA09	S	Non-payable Professional Component Billed Amount	
2330A/R-350				**OTHER SUBSCRIBER NAME**	
	NM1/R-351	NM101	R	Entity Identifier Code	
		NM102	R	Entity Type Qualifier	

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		NM103	R	Other Insured Last Name	
		NM104	S	Other Insured First Name	
		NM105	S	Other Insured Middle Name	
		NM106	N	Name Prefix	
		NM107	S	Other Insured Name Suffix	
		NM108	R	Identification Code Qualifier	
		NM109	R	Other Insured Identifier	Ignore value in element SBR03 in loop 2320 if NM101 = 'IL' and NM108 = 'MI' and this element is not blank in this loop
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	N3/S-354	N301	R	Other Subscriber Address Line	
		N302	S	Other Subscriber Address Line	
	N4/S-355	N401	S	Other Insured City Name	
		N402	R	Other Insured State Code	
		N403	R	Other Insured Postal Zone or ZIP Code	
		N404	S	Country Code	
		N405	N	Location Qualifier	
		N406	N	Location Identifier	
	REF/S-357	REF01	R	Reference Identification Qualifier	
		REF02	R	Other Insured Additional Identifier	
		REF03	N	Description	
		REF04	N	Reference Identifier	

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
2330B/R-359				**OTHER PAYER NAME**	Submitters are required to send all known information on other payers in this Loop ID-2330.
	NM1/R-360	NM101	R	Entity Identifier Code	
		NM102	R	Entity Type Qualifier	
		NM103	R	Other Payer Last or Organization Name	
		NM104	N	First Name	
		NM105	N	Middle Name	
		NM106	N	Name Prefix	
		NM107	N	Name Suffix	
		NM108	R	Identification Code Qualifier	Use value 'PI'.
		NM109	R	Other Payer Primary Identifier	This number must be identical to SVD01 (Loop ID-2430) for COB. Use the carrier codes assigned by SC Medicaid to identify other insurance carriers.
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	PER/S-364	PER01	R	Contact Function Code	
		PER02	R	Other Payer Contact Name	
		PER03	R	Communication Number Qualifier	
		PER04	R	Communication Number	
		PER05	S	Communication Number Qualifier	
		PER06	S	Other Payer Communication Number	
		PER07	S	Communication Number Qualifier	

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		PER08	S	Communication Number	
		PER09	N	Contact Inquiry Reference	
	DTP/S-366	DTP01	R	Date Time Qualifier	Transportation broker will use this field for encounter claims to show date claim was paid
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Adjudication or Payment Date	
	REF/S-368	REF01	R	Reference Identification Qualifier	
		REF02	R	Other Payer Secondary Identifier	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S-370	REF01	R	Reference Identification Qualifier	
		REF02	R	Other Payer Prior Authorization or Referral Number	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S-371	REF01	R	Reference Identification Qualifier	
		REF02	R	Other Payer Claim Adjustment Indicator	
		REF03	N	Description	
		REF04	N	Reference Identifier	
2330C/S-374				**OTHER PAYER PATIENT INFORMATION**	SC Medicaid will not use this loop.
2330D/S-378				**OTHER PAYER REFERRING PROVIDER**	SC Medicaid will not use this loop.
2330E/S-382				**OTHER PAYER RENDERING PROVIDER**	SC Medicaid will not use this loop.

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
2330F/S-386				**OTHER PAYER PURCHASED SERVICE PROVIDER**	SC Medicaid will not use this loop.
2330G/S-390				**OTHER PAYER SERVICE FACILITY LOCATION**	SC Medicaid will not use this loop.
2330H/S-394				**OTHER PAYER SUPERVISING PROVIDER**	SC Medicaid will not use this loop.
2400/R-398				**SERVICE LINE**	
	LX/R-399	LX01	R	Assigned Number	
	SV1/R-401	SV101-1	R	Product or Service ID Qualifier	
		SV101-2	R	Procedure Code	This element is the equivalent of: CMS-1500 F# 24D
		SV101-3	S	Procedure Modifier 1	This element is the equivalent of: CMS-1500 F# 24D
		SV101-4	S	Procedure Modifier 2	
		SV101-5	S	Procedure Modifier 3	
		SV101-6	S	Procedure Modifier 4	
		SV101-7	N	Description	
		SV102	R	Line Item Charge Amount	This element is the equivalent of: CMS-1500 F# 24F For encounter transmissions, zero (0) may be a valid amount.
		SV103	R	Unit or Basis of Measurement Code	
		SV104	R	Service Unit Count	This element is the equivalent of: CMS-1500 F# 24G

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		SV105	S	Place of Service Code	This element is the equivalent of: CMS-1500 F# 24B
		SV106	N	Service Type Code	
		SV107-1	R	Diagnosis Code Pointer	
		SV107-2	S	Diagnosis Code Pointer	
		SV107-3	S	Diagnosis Code Pointer	
		SV107-4	S	Diagnosis Code Pointer	
		SV108	N	Monetary Amount	
		SV109	S	Emergency Indicator	
		SV110	N	Multiple Procedure Code	
		SV111	S	EPSDT Indicator	Required if Medicaid services are the result of a screening referral.
		SV112	S	Family Planning Indicator	
		SV113	N	Review Code	
		SV114	N	National or Local Assigned Review Value	
		SV115	S	Co-pay Status Code	
		SV116	N	Health Care Professional Shortage Area Code	
		SV117	N	Reference Identification	
		SV118	N	Postal Code	
		SV119	N	Monetary Amount	
		SV120	N	Level of Care Code	
		SV121	N	Provider Agreement Code	

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	SV4/S-408	SV401	R	Prescription Number	Required if dispense of the drug has been done with an assigned Rx number.
		SV402	N	COMPOSITE MEDICAL PROCEDURE IDENTIFIER	
		SV403	N	Reference Identification	
		SV404	N	Yes/No Condition or Response Code	
		SV405	N	Dispense as Written Code	
		SV406	N	Level of Service Code	
		SV407	N	Prescription Origin Code	
		SV408	N	Description	
		SV409	N	Yes/No Condition or Response Code	
		SV410	N	Yes/No Condition or Response Code	
		SV411	N	Unit Dose Code	
		SV412	N	Basis of Cost Determination Code	
		SV413	N	Basis of Days Supply Determination Code	
		SV414	N	Dosage Form Code	
		SV415	N	Copay Status Code	
		SV416	N	Patient Location Code	
		SV417	N	Level of Care Code	
		SV418	N	Prior Authorization Type Code	
	SV501/S-58A	SV501		**DURABLE MEDICAL EQUIPMENT SERVICE**	Required when reporting rental and purchase price information for durable medical equipment.
		SV501-1	R	Product/Service ID Qualifier	Value 'HC' - Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		SV501-2	R	Product/Service ID	This value must be the same as that reported in SV101-2.
		SV501-3	N	Procedure Modifier	
		SV501-4	N	Procedure Modifier	
		SV501-5	N	Procedure Modifier	
		SV501-6	N	Procedure Modifier	
		SV501-7	N	Description	
		SV502	R	Unit or Basis for Measurement Code	Value 'DA' - Days
		SV503	R	Quantity	
		SV504	S	Monetary Amount	
		SV505	S	Monetary Amount	
		SV506	S	Frequency Code	Value '1' – Weekly Value '4' – Monthly Value '6' - Daily
		SV507	N	Prognosis Code	
	PWK/S-410	PWK01	R	Attachment Report Type Code	SC Medicaid will not use this Segment
	CR1/S-413	CR101	S	Unit or Basis of Measurement Code	Required on all ambulance claims if the information is different than in the CR1 at the claim level (Loop ID-2300).
		CR102	S	Patient Weight	
		CR103	R	Ambulance Transport Code	
		CR104	R	Ambulance Transport Reason Code	
		CR105	R	Unit or Basis of Measurement Code	
		CR106	R	Transport Distance	

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		CR107	N	Address Information	
		CR108	N	Address Information	
		CR109	S	Round Trip Purpose Description	
		CR110	S	Stretcher Purpose Description	
	CR2/S-416	CR201	N	Treatment Series Number	Required on all claims involving spinal manipulation if information is different from Loop-ID 2300 CR2 information. Such claims could originate with chiropractors, physical therapists, DOs, and many other types of health care providers.
		CR202	N	Treatment Count	
		CR203	N	Subluxation Level Code	
		CR204	N	Subluxation Level Code	
		CR205	N	Unit or Basis of Measurement Code	
		CR206	N	Treatment Period Count	
		CR207	N	Monthly Treatment Count	
		CR208	N	Patient Condition Code	
		CR209	N	Complication Indicator	
		CR210	S	Patient Condition Description	
		CR211	S	Patient Condition Description	
		CR212	S	X-ray Availability Indicator	
	CR3/S-421	CR301	R	DME Certification	SC Medicaid will not use this Segment
	CR5/S-424	CR501	R	Certification Type Code	Required on all initial, renewal, and revision home oxygen therapy claims
		CR502	R	Treatment Period Count	

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		CR503	N	Oxygen Equipment Type Code	
		CR504	N	Oxygen Equipment Type Code	
		CR505	N	Description	
		CR506	N	Quantity	
		CR507	N	Quantity	
		CR508	N	Quantity	
		CR509	N	Description	
		CR510	S	Arterial Blood Gas Quantity	
		CR511	S	Oxygen Saturation Quantity	
		CR512	R	Oxygen Test Condition Code	
		CR513	S	Oxygen Test Findings Code	
		CR514	S	Oxygen Test Findings Code	
		CR515	S	Oxygen Test Findings Code	
		CR516	N	Quantity	
		CR517	N	Oxygen Delivery System Code	
		CR518	N	Oxygen Equipment Type Code	
	CRC/S-427	CRC01	R	Ambulance Certification	SC Medicaid will not use this Segment
	CRC/S-431	CRC01	R	Hospice Employee Indicator	SC Medicaid will not use this Segment
	CRC/S-433	CRC01	R	DMERC Condition Indicator	SC Medicaid will not use this Segment
	DTP/R-435	DTP01	R	Date Time Qualifier	Use Value '472' Service
		DTP02	R	Date Time Period Format Qualifier	Value 'D8' – Date Or Value 'RD8' – Date Range

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		DTP03	R	Service Date	This element is the equivalent of: CMS-1500 F# 24A Format is CCYYMMDD Or Format is CCYYMMDD-CCYYMMDD
	DTP/S-437	DTP01	R	Certification Revision Date	SC Medicaid will not use this Segment
	DTP/S-440	DTP01	R	Begin Therapy Date	SC Medicaid will not use this Segment
	DTP/S-442	DTP01	R	Last Certification Date	SC Medicaid will not use this Segment
	DTP/S-445	DTP01	R	Last Seen Date	SC Medicaid will not use this Segment
	DTP/S-447	DTP01	R	Test Performed Date	SC Medicaid will not use this Segment
	DTP/S-449	DTP01	R	Oxygen Saturation Test Date	SC Medicaid will not use this Segment
	DTP/S-451	DTP01	R	Shipped Date	SC Medicaid will not use this Segment
	DTP/S-452	DTP01	R	Onset Date	SC Medicaid will not use this Segment
	DTP/S-454	DTP01	R	Last X-Ray Date	SC Medicaid will not use this Segment
	DTP/S-456	DTP01	R	Acute Manifestation Date	SC Medicaid will not use this Segment
	DTP/S-458	DTP01	R	Initial Treatment Date	SC Medicaid will not use this Segment
	DTP/S-460	DTP01	R	Similar Illness or Symptom Date	SC Medicaid will not use this Segment
	MEA/S-465	MEA01	R	Test Results	SC Medicaid will not use this Segment
	CN1/S-466	CN101	R	Contract Type Code	Information contained at this level overwrites CN1 information at the claim level for this specific service line.
		CN102	S	Contract Amount	
		CN103	S	Contract Percentage	

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		CN104	S	Contract Code	
		CN105	S	Terms Discount Percent	
		CN106	S	Contract Version Identifier	
	REF/S-468	REF01	R	Repriced Line Item Reference Number	SC Medicaid will not use this Segment
	REF/S-469	REF01	R	Adjusted Repriced Line Item Reference Number	SC Medicaid will not use this Segment
	REF/S-470	REF01	R	Reference Identification Qualifier	Required if service line involved a prior authorization number or referral number that is different than the number reported at the claim level (Loop-ID 2300). Value '9F' – Referral Number Value 'G1' – Prior Authorization Number
		REF02	R	Prior Authorization or Referral Number	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S-472	REF01	R	Reference Identification Qualifier	Required if it is necessary to send a line control or inventory number. Providers are STRONGLY encouraged to routinely send a unique line item control number on all service lines, particularly if the provide automatically posts their remittance advice. Submitting a unique line item control number gives providers the capability to automatically post by service line. The line item control number should be unique within a patient control number (CLM01). Payers are required to return this number in the remittance advice transaction (835) if the provider sends it to them in the 837. Use Value '6R' – Provider Control Number

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		REF02	R	Line Item Control Number	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S-474	REF01	R	Mammography Certification Number	SC Medicaid will not use this Segment
	REF/S-475	REF01	R	Reference Identification Qualifier	Required for all CLIA certified facilities performing CLIA covered laboratory services and if number is different from CLIA number reported at claim level (Loop ID-2300). Use Value 'X4' - Clinical Laboratory Improvement Amendment Number
		REF02	R	Clinical Lab Improvement Amendment Number	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	REF/S-477	REF01	R	Referring CLIA Number	SC Medicaid will not use this Segment
	REF/S-478	REF01	R	Immunization Batch Number	SC Medicaid will not use this Segment
	REF/S-479	REF01	R	Ambulatory Patient Group Number	SC Medicaid will not use this Segment
	REF/S-480	REF01	R	Oxygen Flow Rate	SC Medicaid will not use this Segment
	REF/S-483	REF01	R	Universal Product Number	SC Medicaid will not use this Segment
	AMT/S-484	AMT01	R	Sales Tax Amount	SC Medicaid will not use this Segment
	AMT/S-485	AMT01	S	Approved Amount	SC Medicaid will not use this Segment
	AMT/S-486	AMT01	R	Postage Claimed Amount	SC Medicaid will not use this Segment
	K3/S-487	K301	R	Fixed Format Information	SC Medicaid will not use this Segment
	NTE/S-488	NTE01	R	Note Reference Code	**FOR TRANSPORTATION BROKERS ONLY:** Use Value 'ADD' – Additional Information

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		NTE02	R	Line Note Text	**FOR TRANSPORTATION BROKERS ONLY:** Positions 1 – 2: Rendering Provider County Positions 3 – 4: Number of Persons Sharing Ride Position 5: Origin Code – See Section 4 for Values Position 6: Destination Code – See Section 4 for Values Positions 7 – 8: Region Code
	PS1/S-489	PS101	R	Purchased Service Provider Identifier	SC Medicaid will not use this Segment
	HSD/S-492	HSD01	S	Quantity Qualifier	Use Value 'VS' - Visits
		HSD02	S	Number of Visits	Home Health – Enter the number of visits if different from the number entered in CR702.
		HSD03	S	Frequency Period	
		HSD04	S	Frequency Count	
		HSD05	S	Duration of Visits Units	
		HSD06	S	Duration of Visits, Number of Units	
		HSD07	S	Ship/Delivery or Calendar Pattern Code	
		HSD08	S	Delivery Pattern Time Code	
	HCP/S-496	HCP01	R	Pricing Methodology	SC Medicaid will not use this Segment
2410/S-71A				**DRUG IDENTIFICATION**	SC Medicaid will only accept the first occurrence of this loop and ignore any additional occurrences.

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	LIN/S-71	LIN01	N	**Assigned Identification**	Not Used (according to the Implementation Guide Addenda)
		LIN02	R	**Product/Service ID Qualifier**	Use value 'N4'
		LIN03	R	**National Drug Code**	
		LIN04	N	**Product/Service ID Qualifier**	Not Used (according to the Implementation Guide Addenda)
		LIN05	N	**Product/Service ID**	Not Used (according to the Implementation Guide Addenda)
		LIN06	N	**Product/Service ID Qualifier**	Not Used (according to the Implementation Guide Addenda)
		LIN07	N	**Product/Service ID**	Not Used (according to the Implementation Guide Addenda)
		LIN08	N	**Product/Service ID Qualifier**	Not Used (according to the Implementation Guide Addenda)
		LIN09	N	**Product/Service ID**	Not Used (according to the Implementation Guide Addenda)
		LIN10	N	**Product/Service ID Qualifier**	Not Used (according to the Implementation Guide Addenda)
		LIN11	N	**Product/Service ID**	Not Used (according to the Implementation Guide Addenda)
		LIN12	N	**Product/Service ID Qualifier**	Not Used (according to the Implementation Guide Addenda)
		LIN13	N	**Product/Service ID**	Not Used (according to the Implementation Guide Addenda)
		LIN14	N	**Product/Service ID Qualifier**	Not Used (according to the Implementation Guide Addenda)
		LIN15	N	**Product/Service ID**	Not Used (according to the Implementation Guide Addenda)

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		LIN16	N	**Product/Service ID Qualifier**	Not Used (according to the Implementation Guide Addenda)
		LIN17	N	**Product/Service ID**	Not Used (according to the Implementation Guide Addenda)
		LIN18	N	**Product/Service ID Qualifier**	Not Used (according to the Implementation Guide Addenda)
		LIN19	N	**Product/Service ID**	Not Used (according to the Implementation Guide Addenda)
		LIN20	N	**Product/Service ID Qualifier**	Not Used (according to the Implementation Guide Addenda)
		LIN21	N	**Product/Service ID**	Not Used (according to the Implementation Guide Addenda)
		LIN22	N	**Product/Service ID Qualifier**	Not Used (according to the Implementation Guide Addenda)
		LIN23	N	**Product/Service ID**	Not Used (according to the Implementation Guide Addenda)
		LIN24	N	**Product/Service ID Qualifier**	Not Used (according to the Implementation Guide Addenda)
		LIN25	N	**Product/Service ID**	Not Used (according to the Implementation Guide Addenda)
		LIN26	N	**Product/Service ID Qualifier**	Not Used (according to the Implementation Guide Addenda)
		LIN27	N	**Product/Service ID**	Not Used (according to the Implementation Guide Addenda)
		LIN28	N	**Product/Service ID Qualifier**	Not Used (according to the Implementation Guide Addenda)
		LIN29	N	**Product/Service ID**	Not Used (according to the Implementation Guide Addenda)

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		LIN30	N	**Product/Service ID Qualifier**	Not Used (according to the Implementation Guide Addenda)
		LIN31	N	**Product/Service ID**	Not Used (according to the Implementation Guide Addenda)
	CTP/S-74	CTP01	N	**Class of Trade Code**	SC Medicaid does not validate the elements in this segment. Either omit this segment or you must enter all of the required elements if any are entered. If submitted please follow the usage as noted on each element. Not Used (according to the Implementation Guide Addenda)
		CTP02	N	Price Identifier Code	
		CTP03	R	**Drug Unit Price**	Enter 0.00, value not currently used by SC Medicaid
		CTP04	R	**National Drug Unit Count**	
		CTP05-01	R	**Unit or Basis of Measurement Code**	
		CTP05-02	N	**Exponent**	Not Used (according to the Implementation Guide Addenda)
		CTP05-03	N	**Multiplier**	Not Used (according to the Implementation Guide Addenda)
		CTP05-04	N	**Unit or Basis for Measurement Code**	Not Used (according to the Implementation Guide Addenda)
		CTP05-05	N	**Exponent**	Not Used (according to the Implementation Guide Addenda)
		CTP05-06	N	**Multiplier**	Not Used (according to the Implementation Guide Addenda)
		CTP05-07	N	**Unit or Basis for Measurement Code**	Not Used (according to the Implementation Guide Addenda)

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		CTP05-08	N	**Exponent**	Not Used (according to the Implementation Guide Addenda)
		CTP05-09	N	**Multiplier**	Not Used (according to the Implementation Guide Addenda)
		CTP05-10	N	**Unit or Basis for Measurement Code**	Not Used (according to the Implementation Guide Addenda)
		CTP05-11	N	**Exponent**	Not Used (according to the Implementation Guide Addenda)
		CTP05-12	N	**Multiplier**	Not Used (according to the Implementation Guide Addenda)
		CTP05-13	N	**Unit or Basis for Measurement Code**	Not Used (according to the Implementation Guide Addenda)
		CTP05-14	N	**Exponent**	Not Used (according to the Implementation Guide Addenda)
		CTP05-15	N	**Multiplier**	Not Used (according to the Implementation Guide Addenda)
		CTP06	N	**Price Multiplier Qualifier**	Not Used (according to the Implementation Guide Addenda)
		CTP07	N	**Multiplier**	Not Used (according to the Implementation Guide Addenda)
		CTP08	N	**Monetary Amount**	Not Used (according to the Implementation Guide Addenda)
		CTP09	N	**Basis of Unit Price Code**	Not Used (according to the Implementation Guide Addenda)
		CTP10	N	**Condition Value**	Not Used (according to the Implementation Guide Addenda)
		CTP11	N	Multiple Price Quantity	Not Used (according to the Implementation Guide Addenda)

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
2420A/S-501				**RENDERING PROVIDER NAME**	Required if the Rendering Provider NM1 information is different than that carried in the 2310B (claim) loop, or if the Rendering provider information is carried at the Billing/Pay-to Provider loop level 2010AA and this particular service line has a different Rendering Provider that what is given in the 2010AA loop. The identifying payer-specific numbers are those that belong to the destination payer identified in loop 2010BB.
	NM1/S-502	NM101	R	Entity Identifier Code	Use value '82' - Rendering
		NM102	R	Entity Type Qualifier	Value '1' – Person Value '2' – Non-Person Entity
		NM103	R	Rendering Provider Last or Organization Name	
		NM104	S	Rendering Provider First Name	Required if NM102=1 (person).
		NM105	S	Rendering Provider Middle Name	Required if NM102=1 and the middle name/initial of the person is known.
		NM106	N	Name Prefix	
		NM107	S	Rendering Provider Name Suffix	Required if known
		NM108	R	Identification Code Qualifier	Use value 'XX' for NPI if typical provider. Else use value '24' for the Employer's ID Number or '34' for the Social Security Number
		NM109	R	Rendering Provider Identifier	Use NPI for Rendering Provider if typical provider. Else submit you Employer's ID Number or Social Security Number
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	PRV/S-504	PRV01	R	Provider Code	Use value 'PE' - Performing

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		PRV02	R	Reference Identification Qualifier	Use value 'ZZ'.
		PRV03	R	Provider Taxonomy Code	These codes, as maintained by the National Uniform Claim Committee, can be obtained from www.wpc-edi.com/hipaa. Submit the Provider Taxonomy that best fits provider type and specialty for the billing provider and that was used for the SC Medicaid Provider Enrollment.
		PRV04	N	State or Province Code	
		PRV05	N	Provider Specialty Information	
		PRV06	N	Provider Organization Code	
	REF/S-507	REF01	R	Reference Identification Qualifier	Use value '1D' – Medicaid Provider Number. for atypical providers ONLY.
		REF02	R	Rendering Provider Secondary Identifier	Use the rendering provider's SC Medicaid provider number for atypical providers ONLY.
		REF03	N	Description	
		REF04	N	Reference Identifier	
2420B/S-509				**PURCHASED SERVICE PROVIDER NAME**	SC Medicaid will not use this loop.
2420C/S-514				**SERVICE FACILITY LOCATION**	SC Medicaid will not use this loop.
2420D/S-523				**SUPERVISING PROVIDER NAME**	SC Medicaid will not use this loop.
2420E/S-529				**ORDERING PROVIDER NAME**	SC Medicaid will not use this loop.
2420F/S-541				**REFERRING PROVIDER NAME**	SC Medicaid will not use this loop.

Loop**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
2420G/S-549				**OTHER PAYER PRIOR AUTHORIZATION OR REFERRAL NUMBER**	SC Medicaid will not use this loop.
2430/S-554				**LINE ADJUDICATION INFORMATION**	SC Medicaid will not use this loop.
2440/S-567				**FORM IDENTIFICATION CODE**	SC Medicaid will not use this loop.
9999/R-572				**TRANSACTION SET TRAILER**	
	SE/R-572	SE01	R	Transaction Segment Count	Enter Number of Segments Included in Transaction Set, including the ST and SE.
		SE02	R	Transaction Set Control Number	Assigned by Sender – Must be Identical to Transaction Set Header ST02
	GS/R-B.10	GS01	R	Number of Transaction Sets Included	Enter Number of Transaction Sets Included
		GS02	R	Group Control Number	Assigned by Sender – Must be Identical to Functional Header GE02
	IEA/R-B.7	IEA01	R	Number of Included Functional Groups	Enter Number of Functional Groups Included
		IEA02	R	Interchange Control Number	Assigned by Sender – Must be Identical to Interchange Header ISA13

4. TRANSPORTATION BROKER VALUES

Origin Codes – Where Ride Originated – NTE02 Position 5

Destination Codes- Destination of Ride – NTE02 Position 6

VALUE	DESCRIPTION	ORIGIN/DESTINATION
1	Inpatient Hospital	O/D
2	Outpatient Hospital	O/D
3	Office	O/D
4	Home	O/D
5	Site of Accident	O/D
6	Place of Employment	O/D
7	Domiciliary/Nursing Home/ICF	O/D
8	Extended Care Facility/SNF	O/D
9	Boarding Home	O/D
0	Other	O/D
A	Independent Laboratory	O/D
B	Medical Clinic	O/D
C	Psychiatric Clinic	O/D
D	Independent X-Ray	O/D
E	Rural Health Clinic	O/D

5. DOCUMENT CHANGE HISTORY

Project Information
Project Name: 837 Professional Companion Guide

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Version	Approval Date	Changed By	Reason
1.0	06/25/03		Original Document
1.1	09/03/03	Jim Hazelrigs	Page 2, 3rd bullet from the bottom changed to read: • For a recipient's unknown Social Security Number (SSN), use "123456789" as the submitted value to SC Medicaid.
1.2	09/30/03	Jim Hazelrigs	**Following text is removed from page 2, SCOPE paragraph –** A trading partner may not have all data collected in their system to plug every required field on the transaction. In these cases, the following values are suggested: • For unknown fields defined as AN (alphanumeric) in the *ANSI X12 Implementation Guide*, use UNKNOWN as the submitted value to SC Medicaid. • For date fields defined as CCYYMMDD in the *ANSI X12 Implementation Guide* that are not known, use 99991231 as the submitted value to SC Medicaid. • For a recipient's unknown Social Security Number (SSN), use "123456789" as the submitted value to SC Medicaid. NOTE: The submission of these values does not guarantee a payment. All claims are subject to the SC Medicaid edits.
1.3	12/03/03	Jim Hazelrigs	For REF02 segment Use value '004010X097DA1' in test mode and '004010X97A1' in production. It now reads use value '004010X97A1'
2.0	12/18/03	Jim Hazel rigs	Page 3 For REF02 segment the value is changed It now reads: Use value "004010X98A1'

Version	Approval Date	Changed By	Reason
1.5	01/16/04	Jim Hazel rigs	p.13 – referring to the CLM02 entry - Total Claim Charge Amount added the text – "Due to limitations in the SCMMIS, this entry should have no more than 7 positions to the left of the decimal and two positions to the right – 9(7)V99". P 18– referring to the REF01 (REF/S-227) entry - Reference Identification Qualifier SCMMIS will read an authorization number at this loop only and will ignore one at the service line level. Enter the number whether it pertains to the claim or the service line.
1.6	03/03/04	Jim Hazelrigs	p.13 – referring to the CLM02 entry - Total Claim Charge Amount Added the text – "Due to limitations in the SCMMIS, this entry should have no more than 5 positions to the left of the decimal and two positions to the right – 9(5)V99".
NA	03/17/04	Tina Roberts	Per Management, updated footers, title page and document for version number. This document is referenced internally as version 2.6, but is published as version 1.6.
1.7	04/02/04	Jim Hazelrigs	p. 13, the notation for SC Medicaid for the Claim Frequency Code was changed to read: Only valid values for SC Medicaid are 1, 7, and 8. For codes 7 and 8, the Claim Control Number (CCN) of the original claim must be provided in a REF segment in this loop in the Claim Original Reference Number element.
1.8	4/27/04	Jim Hazelrigs	p.13, the notation for the Claim Frequency Code is changed to read: NOTE: for codes 7 and 8, the Claim Control Number (CCN) of the original claim must be provided in a REF segment in this loop in the Claim Original Reference Number element.
1.9	7/12/04	Colleen McCuen	p. 28, the notation for Insured Group or Policy Number is changed to read: This will be ignored if in the 2330A loop NM101 = 'IL' and NM108 = 'MI' and NM109 is not blank p. 32, the notation for Other Insured Identifier is changed to read: Ignore value in element SBR03 in loop 2320 if NM101 = 'IL' and NM108 = 'MI' and this element is not blank in this loop
2.0	9/15/04	Jim Hazelrigs	The MMIS will now process more Diagnosis Codes – increased from 2 to 8 and more Modifiers – increased from 1 per line to 4 per line

Version	Approval Date	Changed By	Reason
3.0	12/08/05	Colleen McCuen	Various changes throughout the document to reflect changes needed for the National Provider Identifier (NPI); SC Medicaid Specifications added to the following:
			p.5, Element HL03
			p.6, Element NM101, Element NM108, Element NM109
			p.7, Element REF01, Element REF02
			p.26, Element NM101, Element NM108, Element NM109, Element PRV01, Element PRV02, Element PRV03, Element REF01
			p.27, Element REF02, Element NM101, Element NM108, Element 109, Element PRV01, Element PRV02
			p.36, Element SV101-5, Element SV101-6
			p.47, Element NM101
			p,48, Element NM108, Element NM109, Element PRV01, Element PRV02, Element PRV03
3.1	4/11/06	Colleen McCuen	Changed p.3 from 'Use value "004010X98A1'' to 'Use value "004010X098A1"'
4.0	10/01/06	Colleen McCuen	Changed the following pages to accept National Drug Code data for rebates:
			p. 49 – 51 Segment LIN and all of its elements
			p. 51 – 53 Segment CTP and all of its elements
			Note: These segments are not valid for usage until January 1, 2007.
4.1	12/04/06	Colleen McCuen	Added comment on 2410 loop stating SC Medicaid will only accept the first occurrence of the loop (pg. 47)
4.2	03/21/07	Colleen McCuen	Added a comment that SC Medicaid will not use the elements in segment CTP in loop 2410. But if any of the elements are entered, all required elements must be present to pass compliance and must follow the usage listed in this guide (pg. 50).
4.3	05/23/07	Kathy Dugan	Pg 1, removed 'at no charge' in reference to Implementation Guide Availability. Pg 2, changed UB-92 to UB-04. National Provider Identifier Transition Period Instructions. General Cleanup. Added Transportation Broker Instructions and Values in Section 4. Added ISA/IEA and GS/GE information.
4.4	07/26/07	Charley Cosby	Pg 38 added Transportation Broker instructions for DTP03, loop 2330

Version	Approval Date	Changed By	Reason
4.5	12/01//07	Charley Cosby	Effective 12/01/07. Page 19 added instructions for authorization number formerly sent in 2310A REF02. Page 28, removed instructions for Gate Keeper, added reference to loop 2300 REF01 and REF02
4.6	05/24/2008	Charley Cosby	Changed loops 2010A, 2310B and 2420A to advise typical providers to send only NPI. Only atypical providers will continue to use SC Medicaid provider ID. 2310A is not used.
4.7	06/23/2008	Charley Cosby	Updated wording in 2000A PRV to show use when non-group. Update wording in 2310B to show use when group providers only.